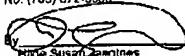


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Krogh Application No: 10/056,299 Confirmation No: 8769 Filed: 01/23/2002 For: CLEANING PROCESS RESIDUE ON A PROCESS CHAMBER COMPONENT	Group No: 1748 Examiner: Zeinab El Aini Attorney Docket No: U63/1 USA/CPS/BSS/LAP May 4, 2004 San Francisco, CA 94107			
VIA FAXCIMILE (703) 872-9306 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Term Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed <input checked="" type="checkbox"/> Amendment and Marked Up Copy of Claims/Specification <input checked="" type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citation <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months) Extension Fee <input type="checkbox"/> One Month \$110 <input type="checkbox"/> Two Months \$420 <input type="checkbox"/> Three Months \$950 Total \$ 420.00			
Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.				
Fees for Extra Claims Amendment Fee Calculation				
	Claims remaining after amendment Highest Number Previously Paid for Number Extra Rate Additional Fee <input type="checkbox"/> Large Entity			
Total Claims	12 12 0 \$18 0			
Independent Claims	3 3 0 \$86 0			
Multiple Dependent Claims			\$290	0
Supplemental Information Disclosure Statement			\$160	
			Total	0
Fee Payment	Fee Deficiency			
Extension Fees	\$420.00 If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258 and/or If any additional fee for claims is required, please charge Deposit Account No. 10-0258			
Fees for Extra Claims	\$0.00			
Total	\$420.00			
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge deposit account no. 10-0258 in the sum of \$420.00.		Please direct all telephone calls to: Ashok K. Janah et (415)538-1665		
05/12/2004 ASINB 01 FC:1252		Please continue to send correspondence to: Applied Materials, Inc. Patent Department, MS 2081 P.O. Box 450A Santa Clara, CA 95052		
FT 00000002 10056,299 I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (703) 872-9306  Linda Susan Langine		Respectfully Submitted,  Ashok K. Janah Registration No. 37,487 Date May 4, 2004		

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